



## Doses/Details

### Synchronized Cardioversion\*\*

Initial recommended doses:

- Narrow regular : 50–100 J
- Narrow irregular : 120–200 J biphasic or 200 J monophasic
- Wide regular : 100 J
- Wide irregular : Defibrillation dose (not synchronized)

### Adenosine IV Dose:

First dose : 6 mg rapid IV push; follow with NS flush.  
Second dose : 12 mg if required

### Antiarrhythmic Infusions for Stable Wide-QRS Tachycardia Procainamide IV Dose:

20-50 mg/min until arrhythmia suppressed, hypotension ensues, QRS duration increases  $> 50\%$  or maximum dose 17 mg/kg given.  
Maintenance infusion: 1–4 mg/min.  
Avoid if prolonged QT or CHF.

### Amiodarone IV Dose:

First dose : 150 mg over 10 minutes.  
Repeat as needed if VT recurs. Follow by maintenance infusion of 1 mg/min for first 6 hours.

### Sotalol IV Dose:

100 mg (1.5 mg/kg) over 5 minutes.  
Avoid if prolonged QT.

\* Link MS, Atkins DL, Passman RS, Halperin HR, Samson RA, White RD, Cudnik MT, Berg MD, Kudenchuk PJ, Kerbenchuk PJ, Kerber RE. "Part 6: electrical therapies: automated external defibrillators, defibrillation, cardioversion, and pacing: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care". *Circulation*. 2010;122(suppl 3):S706-S719. [http://circ.ahajournals.org/content/122/18\\_suppl\\_3/S706](http://circ.ahajournals.org/content/122/18_suppl_3/S706)

\*\* Scholten M, Szili-Torok T, Klootwijk P, Jordaens L. Comparison of monophasic and biphasic shocks for transthoracic cardioversion of atrial fibrillation. *Heart* 2003;89:1032-1034